PERSONAL COUNSELING AS A FUNCTION OF THE COMMUNITY COLLEGE COUNSELING EXPERIENCE

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The roles and responsibilities of community college counselors have altered over the last 40 years as a result of profound social, cultural, economic, and political changes. A compounding factor is the dramatic demographic shifts that have occurred across the United States. Although academic and career-related issues traditionally have been the cornerstones of the work of community college counselors, this too is changing. Reports of the escalating frequency and severity of mental health concerns of community college students have prompted counselors to increasingly emphasize personal counseling. This article summarizes some personal issues that counselors are now likely to encounter with community college students. Recommendations for community college counselors working with students experiencing personal difficulties are also included.

The role of community college counselors has been continuously challenged by a higher education system that has grown and changed over the decades. Traditionally, community college counselors have encountered an array of issues encompassing academic and educational, career, and personal concerns. The majority of counseling duties have tended to be in the academic and career areas, with less emphasis on personal counseling (Cvancara, 1997; Keim, 1988). This comes as no surprise, as “community colleges have declared themselves to be the most cost-effective means of training the nation’s workforce and providing economic development leadership” (Phelps, 1994, p. 25). In recent years, however, counselors

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and their respective institutions have reported significant increases in the frequency and severity of personal problems indicated by students (Coll, 1995b; Geraghty, 1997). This has demanded that many community college counselors specifically address mental health issues.

A community college may be seen as a microcosm of its surrounding community. As such, the mental health issues evidenced in the community college setting may be seen as a reflection of those existing within the larger community. The popularity of the community college system is related to its multifaceted mission. Boone (1997) cited four achievements of the community college system. The first is access and affordability. This is especially relevant as 50% of students enrolled in higher education attend community colleges. Second, community colleges act as a conduit for workforce preparedness, thereby contributing significantly to the nation's economic development. Third, community colleges facilitate meeting the educational and cultural enrichment needs of individuals through continuing education programs. Fourth, community colleges have diligently worked to build bridges between individuals and their communities.

There are approximately 1,200 community colleges located across the United States (Boone, 1997). Aslanian (1997–1998) reported steady growth in community college enrollments, from 4.5 million students in 1980 to 5.5 million students in 1997. Enrollment of more than 6 million students is projected by 2006. Demographically, community colleges cater to and represent a diverse student body (Aslanian, 1997–1998; Boone, 1997; Cohen & Brawer, 1996; Coll, 1995a; Feagin, Vera, & Imani, 1996). The majority of students in community colleges are adults averaging over 30 years of age (Aslanian, 1997–1998). More than 60% of community college students are over 22 years old, and many are parents (Aslanian, 1997–1998; Coll, 1995a). More than 50% of community college students are women (Boone, 1997). Coll (1995a) stated that a number of community college students are enrolled on a part-time basis while working either part time or full time to meet their financial responsibilities.

Community colleges also enroll a high number of first-generation college students and ethnic minority students (Coll, 1995a). Boone (1997) indicated that nationwide, ethnic minorities constitute 25% of the community college student population. In 1991, 61% of college-age Hispanics, 59% of Native Americans, 47% of African Americans, and 4% of Asian Americans pursuing higher education attended 2-year institutions (Western Interstate Commission of Higher Education and the College Board, 1991). Because many ethnic
minorities are concentrated in urban settings, it is interesting to note that these colleges “comprise about 10% of the nation’s community colleges, yet they enroll more than 40% of the total number of community college students” (Phelps, 1994, p. 24).

The diversity represented within the community college system reflects the differing personal and emotional needs and motivations of 2- and 4-year college students (Coll, 1995a). Coll reported that community college counselors most frequently encounter students experiencing problems relating to issues of family, alcohol, and self-esteem. In comparison studies, Coll found that familial concerns were experienced more frequently by 2-year community college students than their 4-year college counterparts whereas self-esteem and alcohol were common issues for both 2- and 4-year college students.

In their examination of the relationship between mental health functioning and community stressors, Hendryx and Ahern (1997) found that mental health functioning was inversely related to social problems such as indigence, racism, and unemployment. They reviewed literature highlighting the increasing societal trends of prevalence of substance abuse and affective and anxiety disorders. Many individuals experiencing these problems often enter nearby community colleges, sometimes as a way of coping with recovery and adjustment issues (Stuber & Otto, 1995). Counselors may encounter homeless, low-income, and single-parent students who are often placed under the rubric of “at-risk” (Cvancara, 1997).

Sadly, while the need for personal counseling is increasing, community colleges are grappling with a lack of funding for this service (Cvancara, 1997; Phelps, 1994). Cvancara (1997) stated that in the decade of “the lean, mean 1990s, counseling is often viewed as a nonessential college function and therefore is an easy area to cut” (p. 12). This ever-present possibility continues to exist along with college counseling trends favoring heavier workloads and decreasing assistance (Keim, 1988). The importance of the counseling function, however, has not lessened.

Mounting societal pressures have forced more counselors to deal with the personal adjustments and turmoil that students face. Community college counselors are reconfiguring the delivery of their services in different and nontraditional ways to better meet the mental health needs of their student populations. The purpose of this article is to present an overview of the more frequent personal student concerns that confront community college counselors. Implications and recommendations for counselors encountering students with these concerns are detailed.
EMOTIONAL AND PERSONAL STUDENT CONCERNS

Emotional disturbances are increasingly afflicting college students throughout various levels of higher education (Stuber & Otto, 1995). As a result of the passage of the Americans With Disabilities Act of 1990 (ADA), it is projected that the number of students entering college with a disability will continue to rise (Geraghty, 1997). It has been estimated that the incidence of mental illness at colleges and universities range from 10% to 20% of the total student population (Stuber & Otto, 1995). As with colleges and universities, 2-year institutions report varying but increasing incidents of mental illness. A study by Barnett and Li (1997) found that at 672 community colleges nationwide, approximately 8% of the enrolled students had a disability impairment and one half of those individuals requested support services. Among the students requesting services, 8% had emotional and behavioral disorders.

Stuber and Otto (1995) cited a study in which 154 chief student affairs officers (CSAOs) from 2- and 4-year institutions were asked to give an estimate of the percentage of full-time students on their campuses who had mental or emotional problems. Fifty-six CSAOs at 4-year public institutions estimated that 6.64% of students on their campuses were emotionally disturbed, whereas 51 CSAOs at 4-year private institutions estimated that 8.93% of their students experienced similar difficulties. Forty-seven CSAOs at 2-year public institutions estimated that 7.31% of their students had emotional or mental disturbances.

Depression

Depression has been cited as the emotional disturbance most frequently affecting college students (Stuber & Otto, 1995). Kessler and colleagues (1994) cited a study that estimated the lifetime occurrence rates of major depression for men at close to 13% and the lifetime occurrence for women at 21%. Prevalence rates for a 1-year period were close to 8% for men and 13% for women. These results suggest that depression is more common in women than in men (American Psychiatric Association, 1994; Kessler et al., 1994; Stuber & Otto, 1995). In their examination of the literature related to depression, Stuber and Otto (1995) indicated that depression was linked with self-reported anxiety, financial concerns, and lowered academic potential.

In their investigation of the incidence of depression among 2-year college students, Stuber and Otto (1995) reported high rates of this
emotional disturbance. Surprisingly, after one test administration, male students demonstrated a higher incidence of depression. Stuber and Otto attributed this to geographic location (rural Midwest). Varied economic conditions were thought to contribute to the financial strains on men supporting their families.

Blatt, D’Afflitti, and Quinlan (1976) recorded baseline perspectives of the depression experience of college students. Their study revealed that depression was similar for both men and women. The psychological variables present were (a) dependency, or the sense that one was in dire need of the help and support of others; (b) self-criticism, or the tendency to exaggerate one’s faults and to engage in self-devaluation; and (c) ineffectiveness, or the sense that important events were happening that were not contingent on one’s actions or efforts. The diagnosis of major depressive disorder requires the demonstration of sustained symptoms over a specific period of time. In addition to the psychological variables listed, symptoms may include inability to concentrate, fatigue, decrease in motor functions, diminished appetite, weight loss, changes in sleep patterns, and continual thoughts of death (Carson, Butcher, & Mineka, 1998).

Depressive illnesses are frequently associated with other psychological, and medical conditions. Related psychological conditions include alcoholism, anxiety disorders, and personality problems. Medical conditions may include neurological problems, viral infections, endocrinological disorders, and thyroid disturbances (Kendall & Hammen, 1998).

**Stress and Anxiety**

Whereas depression is manifested along a continuum from mild to most intense, Geraghty (1997) noted that practitioners distinguish this more chronic disorder from stress, which tends to be of a temporary nature. It has long been recognized that all types of events and conditions that result in adjustment can produce stress. Researchers have observed that stress can be experienced as *eustress*, or good stress, and *distress*, which is unproductive stress. Although both types of stress affect an individual’s resources and coping skills, it is believed that distress can be more damaging (Carson et al., 1998; Selye, 1956, 1976).

College students often experience pressures of various sorts and bring the resulting problems with them to college (Paradise & Long, 1981). These problems may include fear of academic competition, loneliness, and guilt (Carson et al., 1998). Geraghty (1997) provided examples of stress as a student transitions from high school to college. The change of environment is such that new students are interacting
with an array of individuals who possess differing academic and social abilities. For example, a student who excelled in high school might find himself or herself competing with other students of similar academic backgrounds. That student may no longer be a standout. The student may then feel that he or she is not living up to personal expectations. These feelings may continue as the student works on developing a self-concept that embodies new capabilities and competencies.

Older college students, on the other hand, may have lingering fears about reentering the academic environment. They may doubt their mental and physical abilities as compared with those of their younger peers. They also may be or believe themselves to be underprepared in their quests to make acceptable grades, maintain effective study habits, write acceptable papers, and plan for examinations (Carson et al., 1998). These concerns may be coupled with the demands of working, raising children, juggling household chores, caring for extended family members, and struggling with limited incomes that have been stretched to pay for college tuition. Although some students may handle stressors such as these with relative ease, others may find that these obstacles block their goal attainment and lead to self-deprecation.

Alcohol and Other Drug Use

Chemical dependency has reached crisis proportions in the United States. Although the estimated number of heroin addicts is 500,000, and the estimate for cocaine addicts is 2 million, alcohol is easily the most abused drug and constitutes 85% of all drug addiction (Gilliland & James, 1993). Carson et al. (1998) commented on a National Institute of Mental Health epidemiological study that revealed that the lifetime prevalence for alcoholism in the United States was 13.8%. This was translated to mean that one in every seven individuals met the standard criteria for abusing alcohol.

The Centers for Disease Control conducted the National College Health Risk Behavior Survey, which pointed to the dangers of drugs and alcohol in student life (Ottenritter and Frengel, 1998). The results of that survey indicated the following:

- Thirty-five percent of students surveyed reported current, heavy, episodic drinking (consuming five or more alcoholic beverages on at least one occasion during the 30 days preceding the survey). Binge drinking was more frequent among students in 4-year institutions than 2-year colleges.
• More than one-quarter of students surveyed admitted to drinking and driving at least once in the 30 days before the survey.
• Lifetime and current marijuana use did not vary by institution type.
• Students at 2-year schools were more likely than their 4-year counterparts to use cocaine in their lifetime (p. 23).

Accidents related to alcohol abuse represent the leading cause of death for college students (Carson et al., 1998; National Institute of Drug Abuse, 1981). Coll (1998) stated that, similar to 4-year college and university students, lower grade point averages were associated with continual drinking. Furthermore, alcohol and other drugs also contributed to academic problems and attrition.

The psychological and physical costs of chemical dependency may very definitely affect the academic performance of community college students. Family members of an alcoholic are not immune to its effects and may also experience mental anguish. Notions of inferiority and low tolerance for failure, impulsiveness, aggressiveness, and other maladaptive coping mechanisms may be manifested (Carson et al., 1998; Doweiko, 1996; Gilliland & James, 1993). These authors also commented on the physical evidence of this disease, which includes confusion, gastrointestinal upset, nervousness, hearth arrhythmia, sexual impairments, and malnutrition. Chemical dependency may be masked by seemingly unrelated physical or emotional problems. Alcohol and chemical abuse, for example, have been estimated to co-occur in one third of the psychiatric disturbances presented in therapy (Doweiko, 1996). Doweiko cautioned that mental health practitioners need to be cognizant of individuals presenting with concurrent diagnoses.

**IMPLICATIONS AND RECOMMENDATIONS FOR COMMUNITY COLLEGE COUNSELORS**

Students do experience crises in their lives and the extent to which they seek counseling services will be determined by their knowledge of the existence and purpose of such services, their belief in the competence of such services, and their assurance of mutual confidentiality. Such efforts are possible only through extensive outreach and public relations activities and programs, and through counselors’ reputation of being concerned, effective professionals (Paradise & Long, 1981, p. 23)

There appears to be less stigma attached to counseling now than has been the case in past decades. The shift from traditional to modern
culture may be seen as one reason for this change (Axelson, 1993). Traditional culture (before the Industrial Revolution) emphasized personal direction through collaborative family bonds, whereas modern culture focuses on individual improvement minus family attachment. Many students have witnessed positive counseling outcomes experienced by friends and family members that have taken place outside of their kinship systems.

They may be more likely to view their own issues as treatable with the help of a trained professional versus a situation that has to be handled alone or solely within the context of family (Geraghty, 1997). In a study of approximately 3,000 students at 40 colleges across the United States, the Research Consortium of Counseling and Psychological Services in Higher Education noted that almost one half of the students seeking counseling on campus had seen a counselor previously (Geraghty, 1997).

Community college counselors who work with students experiencing personal issues may find that their role involves the facilitation of student goals, values, and options as related to educational attainment (Cohen & Brawer, 1996). Facilitation takes on a broader meaning, whereby counselors work on helping students effectively manage their feelings (Geraghty, 1997). Martens, Lara, Cordova, and Harris (1995) suggested several strategies by which student affairs practitioners in 2-year colleges might better meet student needs. Examples pertinent to community college counselors are discussed in the sections that follow.

Redefining Workweeks

Community college students come from a plethora of backgrounds. Students are more likely to be nontraditional in terms of age, race and ethnicity, enrollment status, employment status (Rifken & McKinney, 1997), and familial responsibilities. Counselors cannot think in terms of a traditional workday that begins at 9:00 a.m. and ends promptly at 5:00 p.m. “Because these students have extensive off-campus commitments or transportation problems, services must be easily accessible on campus or available off campus via the telephone, the television, or the computer” (Martens et al., 1995, p. 10).

Counselors who work with nontraditional students require flexibility in their approaches. Traditional Western theories emphasize work with middle- and upper-class White populations, and for this reason, the goals and processes of counseling may marginalize other groups (Sue & Sue, 1999). For example, this may mean that counselors must make efforts to reach out to the community to inform students
about available services rather than waiting for students to walk into their offices. The inclusion of more personalized and direct activities by the counselor can help to break down barriers to the counseling process.

Reconceptualizing the Mission

Community college counseling may be effected systemically and institutionally. Although counselors themselves may not be directly involved in making institutional decisions, they do have the power to make themselves aware of and influence the decision-making process. In addressing health interventions, Ottenritter and Frengel (1998) suggested that community college presidents and administrators commit to healthier community college environments through

- mission statements, strategic plans, funded initiatives, and program accreditation self-studies;
- institutional maintenance, such as periodic reviews of academic programs and administrative departments, annual budget requests and allocations, rewards such as promotion and tenure, professional development opportunities for faculty and staff members, and work with boards of trustees;
- compliance with health-related federal, state, and local laws and policies; and
- collaboration with community health care providers for fundraising and service opportunities for students (p. 24).

By creating “new models to guide every aspects of how they relate to students,” counselors can call for administrative accountability and allow themselves to function in more proactive, rather than reactive, modes (Martens et al., 1995, p. 11).

Creating New Tools

Counselors have the opportunity to be at the forefront of helping their institutions adapt to changing environments. One such way may be through the provision of substance abuse programming. Alcohol is society’s most widely used and abused drug and is a factor in numerous personal, social, health, legal, and academic problems (Hanson & Venturelli, 1998). Because community college students are not immune to alcohol-related problems (Coll, 1995c), counselors need to be familiar with a variety of options for students requesting services.
Coll (1998) provided a description of an alcohol education program on one community college campus that is comprehensive and is coordinated through the campus student development center. It provides no-cost prevention literature, sponsors alcohol support groups such as Alcoholics Anonymous, involves the work of peer counselors, infuses an alcohol component into human development courses, designs programs for varied student populations, and trains resident assistant and student affairs staff. In comparing this program with a 2-year campus that did not use an alcohol education program, it was found that there was less frequent drinking on the campus with the program (Coll, 1998). Although programs such as this are not the norm, Coll’s (1998) study points to the need for more such programs.

Cohen and Brawer (1996) reported the community college counselor-to-full-time-student-equivalent ratio in the United States to be one to 382. This number shows no signs of improving. Because community college counselors are overwhelmed, it is recommended that, when feasible, more personal counseling be conducted in a group rather than individual format (Coll & House, 1991). According to Roland and Neitzchman (1996), groups are cost effective and provide a framework that promises to deliver services to the largest number of students with the most efficient use of counselor time. For example, a common issue for college students is lack of self-confidence and its accompanying stressors. The anxiety students may experience about potentially failing college may bring about some unresolved personal issues that they believe are unique to themselves (Cvancara, 1997). A group approach, rather than the individual counseling format, would allow counselors to meet the needs of many more students. The students also would have the opportunity to explore, identify, and express their feelings in a safe environment and discover that they are not alone in experiencing these thoughts and feelings.

Group counseling approaches also could be supplemented with peer counseling programs (Coll & House, 1991). Peer counselors are selected student paraprofessionals who help to meet some student needs. Coll and House (1991) reported that in their study peer counseling programs assisted in defining the community college counselor’s role. Study recommendations highlighted the need for counselors to be trained in curriculum and professional development activities focusing on peer counselor supervision for optimum program effectiveness.

**Leading the Way as Student Advocates**

The counselor as advocate requires not only that counselors be familiar with their diverse student bodies but that they also
understand their own backgrounds and how their backgrounds affect the counseling process. Before counselors can effectively work with diverse community college populations, they must be willing to evaluate themselves and their personal counseling styles.

It is imperative that counselors critically examine their personal backgrounds to assess how their own culture, class, and language may affect the counseling relationship (De La Cancela & Sotomayor, 1993). Counselors who are culturally unaware risk creating stagnant counseling environments through stereotyping and avoiding or denying cultural information that may be pertinent to client issues. Counselors are encouraged to recognize differences in a manner that promotes positive exchange in the counseling relationship. Following their own personal cultural assessments, counselors can then proceed to use interventions specific to the setting.

Sue and Sue (1999) stated that one characteristic of a culturally skilled counselor is understanding one’s limitations. Personal counseling restrictions in the community college setting, as well as counselor skill, may demand that counselors refer students to private practitioners or mental health agencies. The counselor as advocate should take appropriate measures to help students attain further assistance that is needed. A working knowledge of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) can provide counselors with the basic skills needed to recognize and refer individuals displaying pathological behaviors.

Reciprocal contact that has been established between community college counseling personnel and outside agencies can help reduce miscommunication and misunderstanding for all parties. A list of mental health agency names, telephone numbers, and contact persons should be provided to referred students. Referring students does not signify abandonment, and the process should not be communicated in a negative manner. According to Scissions (1993), referral should be communicated in such a way that the student believes the counselor is acting in his or her best interests and is not merely passing him or her on to another person.

Using Technology Effectively

Technology is so vast as to allow counselors a variety of ways to provide services to students. Computers and television are excellent means to supplement and support counseling activities. For example, counselors who administer large numbers of psychological assessments to students will likely find computer-assisted scoring less cumbersome than hand scoring. Because less time is required for scoring items,
counselors would be able to analyze and give assessment feedback to students in a more timely fashion. Counselors who use psychoeducational video tools in their work might find the use of a television and VCR to be helpful. For example, a student dealing with a particular stressor could be asked to view a selected videotape relating to his or her concern. After doing so, the counselor and the student could process what the student had viewed and further use the information for personal exploration as it relates to educational functioning.

The computer can also be used as a networking tool that expands student and counselor access to information. Students wrestling with emotional issues or substance abuse might benefit from information from the Internet that could give insight into their experiences. Counselors can make use of networking opportunities on the Internet by communicating with other professionals. Such networking could serve to act as both a support mechanism and a professional information exchange.

**CONCLUSION**

The job of the community college counselor is one that requires a multifaceted approach to helping. Counselors who work in this setting must possess awareness, knowledge, and skill components necessary to competently help students meet their psychological and emotional needs. The awareness component requires that counselors understand how their worldviews may influence their interactions with the diverse community college student body. Counselors must also have a knowledge of the issues and types of problems affecting the mental health needs of community colleges students. Lastly, being a responsive counselor requires individual and group skills and interventions that address specific needs.

Community college counselors will continue to be confronted with shrinking budgets, rising enrollments, and increasing demands for personal counseling services. From a mental health perspective, counselors must focus on services that clearly respond to the interface between student concerns and societal trends. As student advocates, community college counselors must also commit to the practice of ways and means that engender systemic involvement. Martens et al. (1995) contend that community college practitioners must “redefine—and possibly reinvent—how they do business” (p. 14). The new millennium and beyond will ultimately demand community college counselors who demonstrate flexibility in their approaches to helping students overcome emotional difficulties.
REFERENCES


